

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 2/12/05

2 Serial/Patent # 10/527219

3 Please refund the following fee(s):



Filing

4 PAPER
NUMBER

1

5 DATE
FILED

3/9/05

6 AMOUNT

\$ 100

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 100

10 REASON:



Overpayment

Duplicate Payment

No Fee Due (Explanation):

8 TO BE REFUNDED BY:

Treasury Check



Credit Deposit A/C #:

9 23--0975

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A JOHNSON

SIGNATURE: A Johnson

TITLE: paralegal

OFFICE: PCT

PHONE: 308-9140

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: